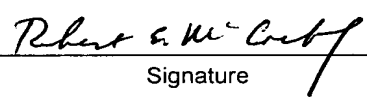
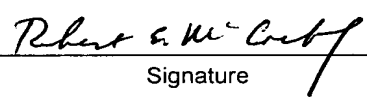
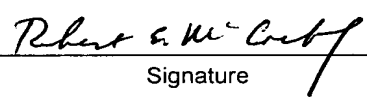




PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) SCH-1686C1																		
In re Application of Norman Nashed																				
Application Number 09/619,493		Filed July 19, 2000																		
For THERAPEUTIC GESTAGENS FOR THE TREATMENT OF PREMENSTRUAL DYSPHORIC DISORDER																				
Group Art Unit 1616	Examiner S. Qazi																			
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table><tbody><tr><td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$110.00</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$ _____</td></tr></tbody></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>13-3402</u>.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71</p> <p>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input type="checkbox"/> attorney or agent of record.</p> <p><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a).</p> <p>Registration number if acting under 37 CFR 1.34(a). <u>46,044</u>.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <table><tbody><tr><td>November 1, 2002</td><td></td></tr><tr><td>Date</td><td>Signature</td></tr><tr><td></td><td>Robert E. McCarthy</td></tr><tr><td></td><td>Typed or printed name</td></tr></tbody></table> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p> <p><input type="checkbox"/> *Total of _____ forms are submitted.</p>			<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110.00	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ _____	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ _____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____	November 1, 2002		Date	Signature		Robert E. McCarthy		Typed or printed name
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110.00																			
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ _____																			
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ _____																			
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____																			
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____																			
November 1, 2002																				
Date	Signature																			
	Robert E. McCarthy																			
	Typed or printed name																			

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Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

11/04/2002 NMOHAMM1 00000133 09619493

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Docket No. SCH-1686C1

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICATION OF: Norman NASHED et al.

GAU: 1616

SERIAL NO: 09/619,493

EXAMINER: Sabiha N. Qazi

FILING DATE: July 19, 2000

FOR: THERAPEUTIC GESTAGENS FOR THE TREATMENT OF PREMENSTRUAL DYSPHORIC DISORDER

## AMENDMENT TRANSMITTAL

ASSISTANT COMMISSIONER FOR PATENTS  
WASHINGTON, D.C. 20231

SIR:

Transmitted herewith is an amendment in the above-identified application.

☐ Applicant(s) is/are entitled to small entity status.☒ Additional documents filed herewith: **Declaration under 37 C.F.R. §1.132;  
One Month Extension of Time;  
Literature References**

The fee has been calculated below:

CLAIMS	CLAIMS REMAINING		HIGHEST NO. PREVIOUSLY PAID FOR	NO. OF EXTRA CLAIMS	RATE		CALCULATIONS
TOTAL	16	MINUS	20	0	x	\$18 =	\$0.00
INDEPENDENT	1	MINUS	3	0	x	\$84 =	\$0.00
	<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS						
	TOTAL OF ABOVE CALCULATIONS						\$0.00
	<input checked="" type="checkbox"/>						
	<input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY						\$0.00
	<input type="checkbox"/> RECORDATION OF ASSIGNMENT				+	\$40 =	\$0.00
	TOTAL						\$0.00

☒ A check in the amount of \$110.00 is attached.☒ Please charge any additional fees for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to Deposit Account No. 13-3402. A duplicate copy of this sheet is enclosed.☒ If these papers are not considered timely filed by the Patent and Trademark Office, then a petition is hereby made under 37 C.F.R. § 1.136, and any additional fees required under 37 C.F.R. § 1.36 for any necessary extension of time may be charged to Deposit Account No. 13-3402. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

  
Robert E. McCarthy, Registration No. 46,044  
Agent for ApplicantsMILLEN, WHITE, ZELANO  
& BRANIGAN, P.C.  
Arlington Courthouse Plaza I  
2200 Clarendon Blvd. Suite 1400  
Arlington, Virginia 22201  
Telephone: (703) 243-6333  
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Date: November 1, 2002RECEIVED  
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